

Commonwealth of Massachusetts

Center for Health Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Aetna Health, Inc Aetna Health Insurance Company HMO and POS Business on the Automated Claims Adjudication System (ACAS)														
File	Submis													
Type*	sion Year	Januarv	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PR	2012	0	0	0	0	0	0	0	0	0	0			0
ME	2009	0	0	0	0	0	0	0	0	0	0	0	334	334
ME	2010	0	0	0	0	0	0	0	0	0	0	0	529	529
ME	2011	598	648	661	677	697	689	744	757	761	788	803	770	8593
ME	2012	747	732	741	799	812	803	870	833	940	968	959		9204
PV	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PV	2012	0	0	0	0	0	0	0	0	0	0			0
МС	2008	0	0	0	0	2	137	268	411	405	452	304	426	2405
МС	2009	365	658	810	665	442	551	1,059	738	664	993	826	776	8547
МС	2010	582	1,025	1,017	1,106	957	935	762	1,108	1,007	1,417	1,232	1,178	12326
МС	2011	794	840	1,196	1,145	962	979	1,113	1,034	1,037	1,286	1,050	1,223	12659
МС	2012	938	1,240	1,063	1,066	1,255	977	1,035	1,417	1,140	1,755			11886
PC	2008	0	0	0	0	0	140	148	182	139	152	141	159	1061
PC	2009	250	237	269	272	283	306	288	294	299	303	366	315	3482
PC	2010	333	249	299	383	257	319	316	387	391	370	407	381	4092
PC	2011	400	355	496	461	471	474	478	493	429	546	554	564	5721
PC	2012	535	543	562	596	659	565	619	598	656	657	656		6646
DC	2008	0	0	0	0	0	0	0	0	0	0	0		0
DC	2009	0	0	0	0	0	0	0	0	0	0	0		0
DC	2010	0	0	0	0	0	0	0	0	0	0	0		0
DC	2011	0	0	0	0	0	0	0	0	0	0	0		0
DC	2012	0	0	0	0	0	0	0	0	0	0	0		0

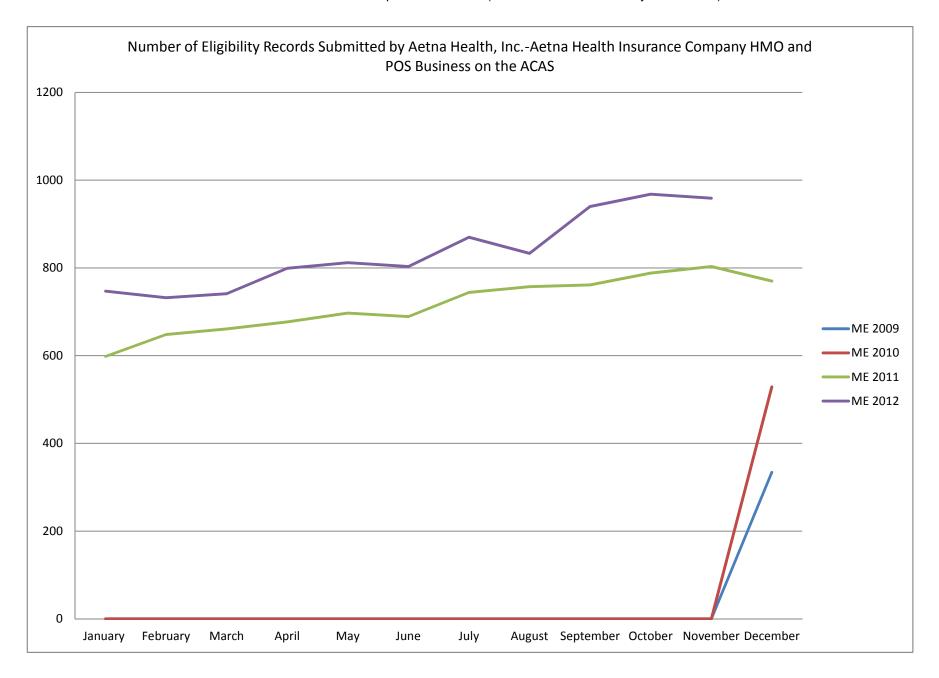
*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

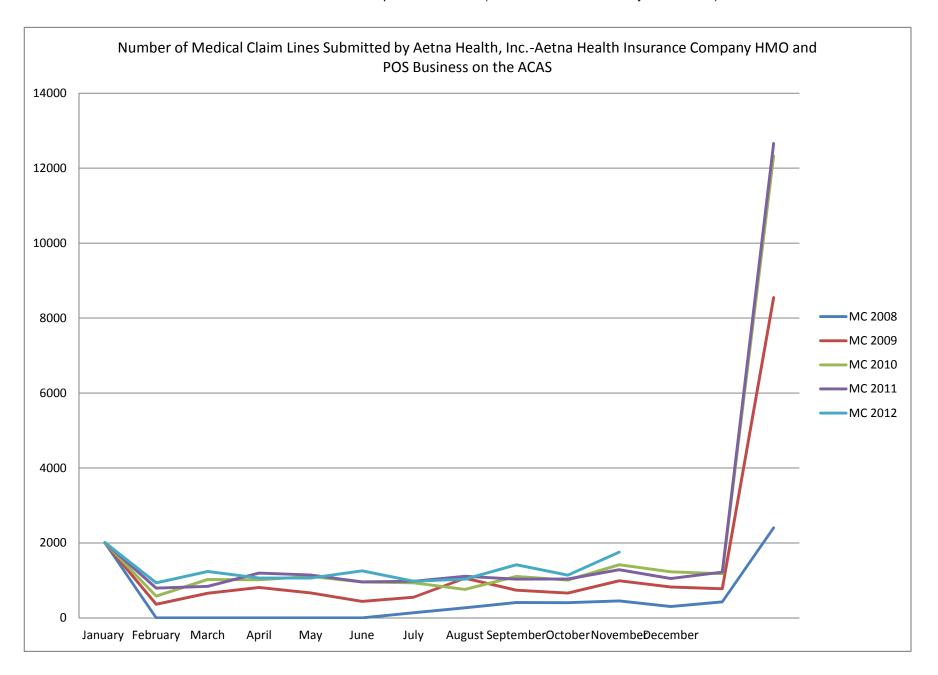
- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

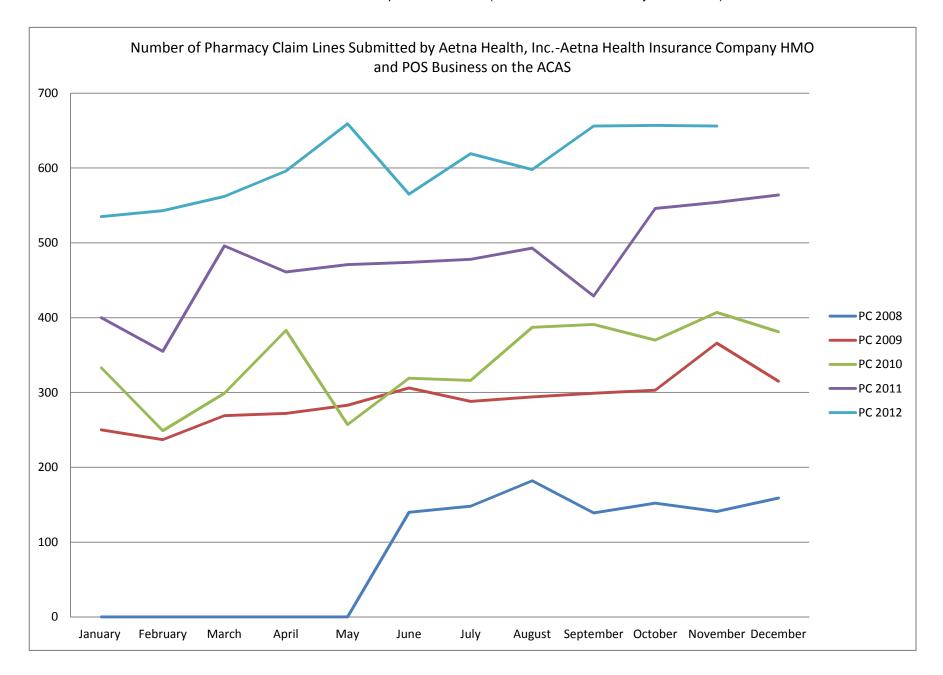
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